

AO 435 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS			FOR COURT USE ONLY DUE DATE:		
TRANSCRIPT ORDER							
<i>Please Read Instructions:</i>							
1. NAME Carlos Solis		2. PHONE NUMBER (210) 446-5000		3. DATE 5/24/2021			
4. DELIVERY ADDRESS OR EMAIL csolis@hilley-solis.com		5. CITY San Antonio		6. STATE TX	7. ZIP CODE 78201		
8. CASE NUMBER 2:13-CR-01075	9. JUDGE Nelva Gonzlaes Ramos	DATES OF PROCEEDINGS 10. FROM 5/21/2021 11. TO 5/21/2021					
12. CASE NAME USA v. Hernandez et al		LOCATION OF PROCEEDINGS 13. CITY 14. STATE					
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input checked="" type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				Luis Carlos Castillo		05/21/2021	
<input type="checkbox"/> OPENING STATEMENT (Defendant)				Hector Javier Villarreal		05/21/2021	
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING							
<input type="checkbox"/> BAIL HEARING							
17. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00	
18. SIGNATURE 				PROCESSED BY			
19. DATE 5/24/2021				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED	DATE	BY					
DEPOSIT PAID			DEPOSIT PAID				
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00			
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED				
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00			